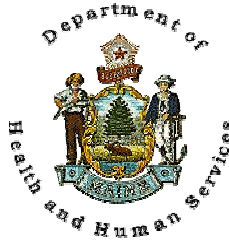


John Elias Baldacci
Governor



John R. Nicholas
Commissioner

Maine Department of Health and Human Services
11 State House Station
Augusta, Maine 04333-0011
MaineCare

October 5, 2004

TO: Interested Parties

FROM: Christine Zukas-Lessard, Acting Director, Bureau of Medical Services

SUBJECT: Proposed Rule: Chapters II & III, Section 21, Home and Community-Based Waiver Services for Persons with Mental Retardation (to be renamed, Home and Community Benefits for Members with Mental Retardation)

Attached, please find a copy of the proposed rules, Chapter II and Chapter III Section 21, Home and Community-Based Waiver Services for Persons with Mental Retardation (to be renamed, Home and Community Benefits for Members with Mental Retardation).

Revisions to Chapter II of this rule include the addition of a priority system for screening new admissions to this benefit, clarification of the limits of covered services so that they are more consistent with underlying federal standards, allowance for flexibility in the location of day habilitation services depending on the member's health and ability to travel to day habilitation sites, clarification on how the cost of transportation to habilitation services is to be paid, addition of standards on leaves of absences and benefit terminations, streamlining of the eligibility procedure for this benefit, additional therapies, additional record-keeping requirements for providers of certain in-home services, other minor wording changes, and a major reformatting of this rule. Revisions to Chapter III of this rule will update the fee schedule and convert the billing codes to HIPAA-compliant codes.

Rules and related rulemaking documents may be reviewed at and printed from the Bureau of Medical Services website at <http://www.maine.gov/bms/ProposedRuleMaking.htm> or, for a fee, interested parties may request a paper copy of rules by contacting Lucille Weeks at 207-287-9368. The TDD/TTY number is 1-800-423-4331. A concise summary of the proposed rule is provided in the Notice of Rulemaking. This notice also provides information regarding the rule-making process. Please address all comments to the agency contact person identified in the notice.

Attachment

MaineCare Policy & Provider Services
Bureau of Medical Services
442 Civic Center Drive
Augusta, Maine 04333-0011

Voice: (207) 287-9366
Fax: (207) 287-9369
TTY: (207) 287-1828

Notice of Agency Rule-Making - Proposal

Agency: Department of Health and Human Services, Bureau of Medical Services

Chapter Number And Title: MaineCare Benefits Manual, Chapters II and III, Section 21, Home and Community-Based Waiver Services for Persons with Mental Retardation (to be renamed, Home and Community Benefits for Members with Mental Retardation)

Adopted rule number: (assigned by secretary of state)

Concise Summary: Revisions to Chapter II of this rule include the addition of a priority system for screening new admissions to this benefit, clarification of the limits of covered services so that they are more consistent with underlying federal standards, allowance for flexibility in the location of day habilitation services depending on the member's health and ability to travel to day habilitation sites, clarification on how the cost of transportation to habilitation services is to be paid, addition of standards on leaves of absences and benefit terminations, streamlining of the eligibility procedure for this benefit, additional therapies, additional record-keeping requirements for providers of certain in-home services, other minor wording changes, and a major reformatting of this rule. Revisions to Chapter III of this rule will update the fee schedule and convert the billing codes to HIPAA-compliant codes.

See <http://www.state.me.us/bms/rulemaking/> for rules and related rulemaking documents.

This rule will ☐ will not ☒ have a fiscal impact on municipalities

Statutory Authority: 22 M.R.S.A., § 42, § 3173

Public Hearing: **Date:** November 2, 2004 **Time:** 1:00 p.m.

Any interested party requiring special arrangements to attend the hearing must contact the agency person listed below before October 26, 2004.

Location: Conference Room 1A
Department of Health and Human Services
442 Civic Center Drive
Augusta, ME 04333-0011

Comment Deadline: November 12, 2004

Agency Contact Person: Robert E. Gross, Comprehensive Health Planner
Agency : Bureau of Medical Services
11 State House Station
Augusta, ME 04333-0011

Telephone: (207) 287- 9366 FAX: (207) 287-9369
TTY: 1-800-423-4331 or (207) 287-1828 (Deaf/Hard of Hearing)

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	HOME AND COMMUNITY <u>BENEFITS-BASED WAIVER SERVICES</u>	
SECTION 21	FOR MEMBERS WITH MENTAL RETARDATION	11/1/83

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21.01 DEFINITIONS INTRODUCTION

Home and Community-Based ~~Waiver~~Benefit (HCB) Services for ~~Persons~~Members with Mental Retardation are those services provided under a federal 1915(c) waiver, and that meet federal standards as well as the rules set forth in this Section of the MaineCare Benefits Manual. ~~certain habilitation, transportation, respite care, adaptive Home and Community Based Waiver Services for Persons with Mental Retardation aids, communication aids, crisis intervention, environmental modification, personal support, and supported employment services, which allow eligible persons with mental retardation residing in MaineCare certified ICFs MR, or in the community, to reside or continue to reside in the least restrictive setting.~~These services are offered to eligible members in a community-based setting, and are designed as a community-based alternative for members who would otherwise qualify to live in an Intermediate Care Facility for People With Mental Retardation (ICF-MR). Certain habilitative, therapeutic and intervention services and supplies are offered that are consistent with a plan of care that has an overall goal of community inclusion. Eligibility for the benefit is based on: 1) medical eligibility, 2) financial eligibility for MaineCare and 3) the eligibility criteria for a funded opening.

This benefit is a limited one, and not all members who request HCB services will be able to receive them. For each year in which MaineCare participates in this benefit, the State must identify the total number of unduplicated beneficiaries for whom it intends to provide benefits during that year. This number sets a limit on the number of benefit openings, and so this benefit provides services only within the limits of the number of openings, and only to those who additionally meet the other eligibility standards set forth in this Section.

If there is no benefit opening, or if a member is not found eligible for the opening, that member shall be placed on a waiting list managed by the Department of Health and Human Services (DHHS). The waiting list shall be managed in accordance with a protocol. The protocol is included in Appendix A of this Section.

21.01 1 — ~~Adaptive Aids are devices, controls or appliances which enable members to increase their abilities to perform activities of daily living or control their environment. Adaptive aids consist of lifts, control switches, environmental control units, and other adaptive devices such as reach extenders, adaptive clothing and eating aids.~~

21.01 2 — ~~Communication Aids are devices or services necessary to assist members who have hearing, speech or vision impairments to be able to effectively communicate with service providers, family, friends and the general public. Categories of communication aids include communicators, facilitated communication aids, visual-gestural communication specialists, devices, and speech amplifiers. Only communication aids that cannot be obtained as a covered service under the MaineCare program will be reimbursed under this Section.~~

21.01 3 — ~~Facilitated Communication is an alternative means of expression for people who cannot speak, or whose speech is highly limited (e.g. echoed, limited to one or a few word utterances), and who cannot point reliably. The facilitator provides physical support so that the communication aid user is able to communicate his or her message with less interference from neuro-motor problems.~~

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21.01 ~~DEFINITIONS~~ INTRODUCTION (cont.)

- 21.01 4 — ~~Consultative Services are those services which assist parents, residential training and/or day habilitation providers in carrying out the individual plans. Consultation activities are provided by professionals in psychology, speech therapy, occupational therapy, physical therapy and counseling. Consultative services must be provided by:~~
- A. — ~~Psychologists who are licensed as psychologists by the State Board of Examiners for Psychologists, as documented by written evidence from that Board.~~
 - B. — ~~Speech Therapists who are licensed as Speech Language Pathologists by the Board of Examiners for Speech Pathology and Audiology, as documented by written evidence from that Board.~~
 - C. — ~~Physical Therapists who are licensed as Physical Therapists by the Board of Examiners for Physical Therapy, as documented by written evidence from that Board.~~
 - D. — ~~Occupational Therapists who are licensed by the Maine State Board of Occupational Therapists, as documented by written evidence from that Board.~~
 - E. — ~~Any professional service provider licensed by the State of Maine to provide counseling services and approved by BDS.~~
- 21.01 5 — ~~Crisis Intervention means consultation or direct service to persons with mental retardation, providers and families for treatment of the eligible member's personal, social, behavioral, mental, alcohol or drug abuse disorders to maintain and improve effective functioning. This service is allowed in addition to Residential Training Services.~~
- 21.01 6 — ~~Day Habilitation Services covered under this Section are means those covered services provided by an outside of residence day program which has met the standards prescribed by the Department of Behavioral and Developmental Services, as documented by a letter of approval from that Department.~~
- 21.01 7 — ~~Environmental Modification Services are those services which assess the need for, arrange for and provide modifications and/or improvements to a participating member's living quarters to allow for community living and ensure accessibility. Categories include ramps, lifts, modifications/additions to bathrooms and kitchens, and specialized modifications such as door widening.~~
- 21.01 8 — ~~Personal Support means direct assistance necessary to meet the member's day-to-day needs and to insure adequate support at home and in the community.~~

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21.01 DEFINITIONS INTRODUCTION (cont.)

- ~~21.01-9 Residential Training Services means those covered services provided in a licensed boarding care facility, an approved foster home, or a residential child care facility (Specialized Children's Home or Residential Child Care Facility), or any future licensed setting as approved by State Waiver Amendment. Licensure and/or approval are granted by the Department of Human Services. The boarding homes, foster homes, and residential child care facilities shall also have met standards set forth by the Department of Behavioral and Developmental Services, as documented by a letter of approval from that Department.~~
- ~~21.01-10 Respite Care is temporary service furnished for the member which allows personal time to the regular caregiver and/or member, and is provided in any setting approved by the Department of Behavioral and Developmental Services.~~
- ~~21.01-11 Supported Employment Services means supervision, training and transportation for qualified members so that they will have paid, competitive employment in an integrated work setting.~~
- ~~21.01-12 Transportation means those services needed to provide the member access to covered Waiver services and a means to carry out the member's plan. These services are provided by persons qualified by the Department of Behavioral and Developmental Services as eligible to provide transportation, as documented by a letter of approval from that Department.~~

21.02 DEFINITIONS

- 21.02-1 An Individual Support Coordinator (ISC) is a person who is responsible for assuring the timely convening of the service planning team, for developing the Individual Plan, for monitoring the planned services received by the member, and for insuring that those services meet the requirements set forth in the member's plan.
- 21.02-2 Natural home refers to the member's place of residence and shall be the parental or familial home or the home that is owned, rented, leased or similarly occupied by and under the control of the member. It shall not include any residence that is licensed by DHHS, or that is operated under the control of a provider.
- 21.02-3 A checklist for HCB services is a list of the medically necessary services identified through the planning process that the persons signing the Individual Plan have agreed will meet the habilitation needs of the member. The checklist shall identify the nature and timing of the services, including the MaineCare rates for each service, and shall be signed and dated by a duly authorized DHHS representative as a means to authorize payment for services rendered. The Individual Plan may contain service needs that the member or family identified and may pursue, but which are not intended to be covered by MaineCare, and are, therefore, not reflected on the checklist for HCB services.

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21.02 DEFINITIONS (cont.)

- 21.02-4 Member is defined as a person determined to be eligible for MaineCare benefits by the Bureau of Family Independence in accordance with the eligibility standards published by that Bureau in the MaineCare Eligibility Manual. Some members may have restrictions on the type and amount of services they are eligible to receive.
- 21.02-5 Abuse means the infliction of injury, unreasonable confinement, intimidation or cruel punishment that causes or is likely to cause physical harm or pain or mental anguish; sexual abuse or sexual exploitation; or the intentional, knowing or reckless deprivation of essential needs.

21.03~~2~~ ELIGIBILITY FOR CARE

Members shall possess a valid medical eligibility card, ~~be clients of the Department of Behavioral and Developmental Services,~~ and meet the medical eligibility requirements for service in an Intermediate Care Facility for Persons with Mentally Retardation ~~(ICF-MR)~~ as set out in Chapter II, Section 50 of these rules. ~~Priority for these services will be given to:~~

~~Members currently residing in ICFs-MR~~
~~Members applying for and eligible for ICF-MR level of care.~~

No services will be provided under this ~~Waiver~~Benefit to members who are inpatients of a hospital, or who reside in a nursing facility (NF) or ICF-MR.

Federal approval by the Federal Centers for Medicare and Medicaid Services (CMS) limits the number of members that can be served by this Benefit.

21.04~~3~~ DURATION OF CARE

Each member receiving Home and Community-Based Benefit Services is eligible for as many covered services as are necessary to avoid institutional care, ~~as are deemed to be medically necessary,~~ and as are specified in his or her Individual Plan, ~~subject to limits on service components specified elsewhere in this Section. If the projected annual costs of this member's Waiver services would cause the Waiver to be cost ineffective, the member shall be denied Waiver services and be offered care in a MaineCare certified facility in accordance with existing placement procedures. If the member is denied this Waiver on the basis that the cost of his or her home and community based waiver services would cause the Waiver to be cost ineffective, the member will be informed in writing of this decision and informed as to the appropriate appeal process.~~

21.05~~4~~ INDIVIDUAL PLAN

21.054-1 Individual Plan Requirements. The Individual Plan shall describe at a minimum:

1. The medically necessary ~~and other supportive~~ services to be provided;

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21.054 INDIVIDUAL PLAN (Cont)

2. The frequency of provision of the services; and
3. The type of providers authorized/eligible to furnish the services

Staff will use this information for the planning process, and will abstract the information. These requirements are inherent in the planning process but will be abstracted, for purposes of monitoring and authorization, into a discrete section of the Individual Plan, entitled "Checklist for Home and Community-Based Waiver Benefits Services." Individual Plans must be revised and updated at least annually, or whenever there is a significant change in the member's service needs.

21.054-2 Planning Team Composition

The team responsible for developing the Individual Plan, shall include ~~normally consist of, or may include~~ the following members, if applicable:

1. ~~Individual Plan Coordinator~~/Facilitator;
2. Individual Support Coordinator;
3. Member ~~(unless medically contraindicated);~~
4. Parent/Guardian;
5. Advocate and/or member's friend;
6. Operator or direct service staff of the member's home;
7. ~~Program s~~Staff from the member's day ~~program~~service or supported employment ~~program~~service; and
8. Any professionals involved or likely to be involved with the member's Individual Plan.

The planning team composition shall be determined by each member or guardian. Planning will occur in a manner that is respectful and reflective of the member's preference.

21.065 COVERED SERVICES

A covered service is a service for which payment may be made under MaineCare. Members receiving Home and Community-Based ~~Waiver Benefits Services~~ are eligible for the following services:

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21.065 COVERED SERVICES (Cont)

21.065-1 Habilitation Services

These services are health and social services documented in the Individual Plan to ensure optimal functioning for members receiving these ~~Waiver~~Benefits. These include, but are not limited to:

A. Residential Training Services to assist with the acquisition, retention or improvement of skills related to activities of daily living, such as personal grooming and cleanliness, household chores, eating and food preparation, and the social and adaptive skills necessary to enable the member to live in a non-institutional setting. Reimbursement for residential training services does not include room and board costs, facility maintenance costs, upkeep and/or improvement costs. Payment for residential training services also does not include payments made for the routine care and supervision that would be expected to be provided by a family or group home provider, or for activities or supervision for which a payment is made by a source other than MaineCare. (Prior authorization by BDS is required prior to the provision of these services)– These services are delivered in a licensed home and include, but are not limited to:

1. ~~Training, assistance and supervision in enabling the member to maintain or improve his/her health, development, and physical condition;~~
2. ~~Assistance in performing self-care tasks;~~
3. ~~Training in activities of daily living;~~
4. ~~Training in the use of community resources; and~~
5. ~~Training in adapting behavior to a community and home environment, management of financial and personal affairs, and awareness of health and safety procedures.~~

B. Day Habilitation - These services are provided outside of the member's home as a day ~~program~~service, except where a physician has indicated that services should be provided in the member's home (see Chapter II, Section 24). for a minimum of four (4) hours a day, five (5) days a week or as specified in the Individual Plan. The services encompass training in intellectual, sensory, motor, and affective social development which includes:

1. ~~Self, social and environmental awareness;~~
2. ~~Sensory stimulation;~~
3. ~~Fine and gross motor skills;~~

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21.065 COVERED SERVICES (cont.)

- ~~4.—Use of community resources;~~
- ~~5.—Home and community safety skills;~~
- ~~6.—Peer interaction;~~
- ~~7.—Management and use of behavioral and social skills;~~
- ~~8.—Learning and problem solving;~~
- ~~9.—Communications;~~
- ~~10.—Self care; and~~
- ~~11.—Physical development.~~

Day habilitation services provide assistance with the acquisition, retention or improvement of self-help, socialization and adaptive living skills, which take place in a non-residential setting separate from the home or facility in which the member resides. Services shall normally be furnished four or more hours per day on a regularly-scheduled basis, for one or more days per week unless provided as an adjunct to other day activities included in the member's Individual Plan. Day habilitation services shall focus on enabling the individual to attain or maintain his or her maximum functional level and shall be coordinated with any physical, occupational, or speech therapies listed in the member's Individual Plan. In addition, day habilitation services may serve to reinforce skills or lessons taught in school, therapy or other settings.

Providers of these day habilitation services under this Waiver Benefit are are generally non-profit, Community-Based agencies offering a range of residential and day services programs, and professional services to persons with mental retardation and other disabilities. Provision of services to Waiver members by these agencies is dependent upon the following: (1) compliance with BDS's Day Program Services Agreement, and (2) compliance with BDS's policy on national accreditation (i.e., CARF, etc.). Providers of day habilitation services shall comply with the provisions of a day habilitation contract with DHHS, and shall either: (1) receive and maintain satisfactory approval by an appropriate national accreditation agency such as the Commission on Accreditation of Rehabilitation Facilities (CARF); or (2) operate in accordance with programmatic requirements and quality standards developed by DHHS. For providers of day habilitation services for adults, standards are set by DHHS Adult Mental Retardation Services. For providers of day habilitation services for children, standards are set by DHHS Children's Services.

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21.065 COVERED SERVICES (cont.)

21.065-2 Consultation Services

- A. ~~The p~~Preview of evaluations and assessments of the member's present and potential level of psychological, physical, and social functioning made through professional assessment techniques; interviews with the member and others involved in the Individual Plan; review and analysis of previous reports and evaluations, and review of current treatment modalities and the particular applications to the individual member. Consultative services shall be provided by licensed psychologists, licensed speech-language pathologists, licensed physical therapists, licensed occupational therapists, licensed clinical social workers or licensed clinical professional counselors.
- B. ~~Consultation~~ing and technical assistance to individuals primarily responsible for carrying out the member's Individual Plan in the member's home, or in other community sites as appropriate.
- C. Assisting in the design and integration of individual development objectives as part of the overall Individual Planning process, and training direct service staff in carrying out special habilitative strategies identified in the member's Individual ~~Habilitation~~ Plan.
- D. Monitoring progress of members in accordance with their Individual Plans and assisting staff of the member's home and day ~~service program~~ or work placements to make necessary adjustments.
- E. Providing information and assistance to staff and members responsible for developing the overall Individual Plan.
- F. Counseling service to assist the member, family and service providers in the resolution of the member's behavioral, social, mental health, and alcohol or drug abuse issues. Counseling services, as part of the Individual Plan, are approved by ~~BDS~~BDSDHHS.
- G. Non-traditional communications assessments ~~evaluate a member's unique means of personal communication and/or evaluate communication problems that may be beyond the scope of traditional speech and hearing evaluation services~~determine the level of communication present via gesture, sign language or unique individual communication style for persons who are either deaf, hard of hearing or non-verbal. The assessment examines signed or gestural vocabulary for everyday objects and actions, the ability to combine gestures, and the ability to understand and construct signed or gestured sentences. Assessment recommendations are made to optimize communication using direct training in gesture, and to maximize social integration in a visually accessible environment.

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21.065 COVERED SERVICES (cont.)

H. As determined necessary by ~~the DHHS Department of Behavioral and Developmental Services,~~ on a case-by-case basis, a non-traditional communications consultation may be authorized for up to sixty (60) hours to maximize a member's ability to participate in the service planning process. If a member needs more than sixty (60) hours of non-traditional communications consultation services, the member must be referred for a non-traditional communications assessment, at which time a recommendation for the degree of ongoing communications support, non-traditional or otherwise, will be developed for review by the service planning team. If the member does not show improvement using traditional communication skill training, the service planning team may then authorize ongoing non-traditional communications consultation services to enable the member to communicate effectively with service providers and in the community. Non-traditional communication consultative services provide direct training and consultation in gesture communication and/or sign language to individuals who are deaf, hard of hearing, or non-verbal, and their support staff. Services must be provided pursuant to recommendations identified within non-traditional communication assessments as described in Section 21.06-2(G). Persons certified by ~~BDS~~DHHS as visual-gestural communications assistants may provide non-traditional communications consultation services.

21.065-3 Respite Care Services may include temporary room, board, personal care service, supervision, and skill training to enable the member to maintain/improve his/her health, physical, emotional, and behavioral development, self care, and/or community living abilities when the member's regular caregiver is absent or in need of relief. A partial day ~~will~~may be billed by the hour, but ~~will~~may not exceed the cost of a 24-hour period. Overnight respite services in excess of thirty (30) consecutive days, or in excess of forty-five (45) days per year, must be approved by the central office of Adult Mental Retardation Services at DHHS.

~~The approved settings for the provision of respite services are encouraged to be provided in the member's own home and foster homes approved by BDS.~~ Respite services are preferably provided in the member's home, but if not provided in the member's home, they must be provided in a setting approved by DHHS Adult Mental Retardation Services, as documented in the member's record.

~~However, o~~ Out-of-home respite may be a critical service to some members and may be approved for those members. Providers of respite services shall meet the qualifications for approval set forth by ~~DHHS~~the Department of Behavioral and Developmental Services, as documented by a letter of approval from that Department. A member who receives respite services must be residing in his or her natural home.

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21.065 COVERED SERVICES (cont.)

21.065-4 Transportation Services are covered when:

- ~~No other personal, familial, or community resources are available; and~~
- The services are identified as a need by the planning team and authorized as a part of the Individual Plan; and
- The member is residing in his or her natural home; and
- Transportation is required to allow access to respite care, day habilitation ~~and/or~~ consultative services under this ~~Waiver Benefit~~; and
- It is necessary to meet a stated goal of the Individual Plan.
- If transportation is provided between the member's place of residence, and a site where either residential training, day habilitation or supported employment is provided, or if the member needs to travel between residential training, day habilitation or supported employment sites in the same day, the cost of the transportation must be included in the rate paid to the providers of the residential training, day habilitation or supported employment service, rather than paid separately as a transportation charge. This will not exclude parents from providing reimbursable transportation when approved transportation agencies are not available, and the need for transportation is included in the member's Individual Plan.

21.065-5 Adaptive Aids are medically necessary items of specialized medical equipment and supplies including devices, controls, or appliances, which enable members to increase their ability to perform activities of daily living, or to perceive, control or communicate with the environment in which they live. ~~(Authorization is required by BDS prior to the provision of these services)~~ Adaptive aids include:

- lifts such as van lifts/adaptations for vehicles used by members who are unable to access transportation services covered in this Section or in Chapter II, Section 113, Transportation Services of the MaineCare Benefits Manual; lift devices, standing boards, frames, and standard wheelchairs, including those with removable arms and leg rests, pediatric, "hemi" chairs, tilt-in-space and reclining wheelchairs; lifts such as van lifts/adaptations, lift devices, standing boards, frames, wheelchairs;
- control switches/pneumatic switches and devices such as sip and puff controls, and adaptive switches or devices that increase the member's ability to perform activities of daily living;

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21.065 COVERED SERVICES (cont.)

- environmental control units such as locks, electronic control units and safety restraints; and
- ~~other adaptive devices as prescribed including reach extenders, adaptive clothing and eating aids~~ devices necessary for life support, ancillary supplies and equipment necessary for the proper functioning of such items, and durable and non-durable medical equipment that are not otherwise covered for reimbursement under the MaineCare state plan.

~~A Medically necessary adaptive aids which that cannot be obtained as a covered service under MaineCare will be reimbursed under this Section. If reimbursed under this Section, prior authorization is required by BDS.~~ All items costing in excess of \$500 require ~~prior approval~~ documentation in the member's records from a physician, rehabilitation organization or occupational therapist, speech-language pathologist or physical therapist, that the purchase is appropriate to meet the member's needs. Adaptive aids do not include items such as automobiles or other motor vehicles, swimming pools, hot tubs or whirlpool bath tubs.

21.065-6 Communication Aids ~~(Authorization is required by BDS prior to the provision of these services)~~ include:

- communicators (including repair and maintenance) such as direct selection, alphanumeric, scanning and encoding communicators;
- speech amplifiers, aids and assistive devices (including repair and maintenance) if not otherwise covered for reimbursement under other sections of the MaineCare Benefits Manual; and
- facilitated communication.

~~Providers of facilitated communication services shall be approved by BDS. All facilitated communication service providers shall have completed a minimum 2-day facilitated communication workshop at the Center for Community Inclusion at the University of Maine or an equivalent training.~~

In addition, providers shall submit a written plan to ~~BDS-DHHS~~ defining the facilitated communication services ~~which that~~ will be offered to the member.

Only communication aids that cannot be obtained as a covered service under other sections of the MaineCare Benefits Manual will be reimbursed under this Section. ~~as a Home & Community Based Waiver service. (If reimbursed as a Home & Community Based Waiver service, prior authorization by BDS is required.)~~ Documented prior approval Documentation justifying the expense in the member's record for ~~C~~ommunication aids, except facilitated communication services, costing

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21.065 COVERED SERVICES (cont.)

more than \$500 must be obtained from a licensed speech-language pathologist ~~or from a rehabilitation organization~~ assuring the need for the devices or services.

~~21.05 7~~ ~~Interpreter services see Chapter I of the MaineCare Benefits Manual.~~

21.065-87 Crisis Intervention Services means consultation or direct service to members, providers of Benefits under this Section, and families, for the treatment of personal, social, behavioral, mental, alcohol or drug abuse disorders, to maintain and improve effective functioning. ~~includes the following services:~~

~~consultation with providers, families and the member to develop, monitor, and reassess behavioral or other treatment plans;~~

~~direct intervention in crisis situations such as providing direct service to a member.~~

The scope, intensity, duration, intent and outcome of crisis intervention services shall be documented in the provider's case record.

Only staff providers approved by the ~~DHH~~ Department of Behavioral and Developmental Services are eligible for reimbursement as ~~providers~~ for crisis intervention services as documented in a member's record, by a letter of approval from the ~~at~~ Department.

21.065-98 Environmental Modification Services include the installation of ramps and grab bars, hydraulic lifts, widening of doorways, modification of bathroom facilities, or the installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies essential for the welfare of the member. Any environmental modification must be the most cost-effective modification available.

Excluded are any adaptations or improvements to the home that are of general utility and are not of direct medical or remedial benefit to the member, such as carpeting (except low pile carpeting necessary to improve mobility or control allergies or for other documented medical reasons), roof repair or central air conditioning.

Modifications that add to the total square footage of the home's living space are excluded. All environmental modifications services shall be provided in accordance with applicable state and local building codes. ~~includes the following:~~

~~—ramps;~~

~~—lifts such as porch or stair lifts and hydraulic, manual or other electronic lifts;~~

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21.065 COVERED SERVICES (cont.)

- ~~— modifications/additions of bathroom facilities such as roll in showers, sink, bathtub, toilet and plumbing modifications, water faucet controls, floor urinal and bidet adaptations and turn around space adaptations;~~
- ~~— modifications/additions of kitchen facilities such as sink modifications, sink cut outs, water faucet controls, turn around space adaptations, surface adjustments/additions and cabinetry adjustments/additions;~~
- ~~Specialized accessibility/safety adaptations/additions such as door widening, electrical wiring, grab bars and handrails, automatic door openers/doorbells, voice activated, light activated, motion activated and electronic devices, fire safety adaptations, medically necessary air filtering devices, medically necessary heating/cooling adaptations, low pile carpeting, and smooth or non skid flooring needed to assure safe ambulation or wheelchair mobility.~~

General house repairs are not included, but repairs to environmental modifications will be allowed as necessary if identified in the Individual Plan.

The total amount allowable for these services is limited to a maximum expenditure of \$10,000 ~~within every five (5) years period~~ per member. Once that cap is reached, ~~only an additional maximum of \$300 per year, per member, will be allowable for repair, and replacement of previously installed modifications,~~ or additional modifications.

Environmental modifications must be included in the Individual Plan approved by ~~DHHS the Department of Behavioral and Developmental Services, and the case record must contain the written approval by the member's physician or other licensed health care practitioner qualified to recommend environmental modifications (including licensed physical or occupational therapists).~~ If the environmental modification is to be shared by more than one member, the approval must specify which features of the modification apply to which member so that the cost of the modification can be applied to each member in the amount appropriate to each member's level of need for that feature. Environmental modifications may be reimbursed ~~by BDS or other approved providers through a fiscal intermediary agency approved by DHHS,~~ to certain providers who must be able to verify that any applicable provider licensure or certification has been met and all modifications were made in accordance with federal, state and local building codes. ~~DHHSBDS,~~ or the approved provider will have a signed agreement on file to support the provision and billing of environmental modification services. The approved fiscal intermediary shall have a signed agreement on file to support the provision and billing of environmental modification services.

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21.065 COVERED SERVICES (cont.)

~~21.065-109~~ Personal Support Services include direct assistance with eating, bathing, dressing, personal hygiene, and other activities of daily living. This service may include assistance with instrumental activities of daily living such as assistance with the preparation of meals, but does not include the cost of the meals themselves. When specified in the member's Individual Plan, this service may also include such housekeeping chores as bed making, dusting and vacuuming, which are incidental to the care furnished, or which are essential to the health and welfare of the member, rather than the member's family. Personal care providers must meet the minimum standards for providers of this service that are listed in Section 21.09-3(F). ~~daily living and personal adjustment, household maintenance, attendant care, assistance with medications that are ordinarily self-administered, supervision, assistance with ambulation and exercise, household services essential to health care at home or performed in concert with assistance of daily living, and assistance with personal maintenance (such as grooming, bathing, dressing). Household maintenance means activities such as cleaning, chore services, changing of storm windows, and yard work, but does not include modifications to the physical structure of the home which is covered as environmental modifications, nor any services provided to or for individuals other than the member.~~

Personal support can be provided in any setting including supported employment.

Only those services not reimbursable under other Sections of the MaineCare Benefits Manual will be reimbursable as a ~~Waiver Benefit service~~ under this Section.

~~Providers of personal support must be certified by BDS as meeting the following training requirements:~~

- ~~— complete an approved BDS competency based training for direct services staff, or~~
- ~~— complete studies leading to LPN or RN licensure, or~~
- ~~— complete training provided to home health or CNA's as required by the appropriate MaineCare policy, or~~
- ~~— demonstrate competency as determined by BDS in at least the following knowledge areas: (1) consumer rights, (2) information about specific disabilities of the members that will receive the personal support, (3) recognize and initiate appropriate response to medical and safety emergencies, (4) interpersonal communication skills and appropriate attitudes for working effectively with members with disabilities, (5) personal hygiene needs and techniques for assisting in activities of daily living such as bathing, grooming, skin care,~~

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21.06~~5~~ COVERED SERVICES (cont.)

~~ambulation, assistance with eating, dressing and the use of adaptive aids and equipment, (6) homemaking and household care including good nutrition, special diets, meal preparation, and house cleaning. A combination of training and experience may be used to meet the above competency requirements, if approved by BDS.~~

Allowable family members providing personal support services will be subject to the same standards as those required of non-related providers. The member's spouse and parents, or step-parents of a member who is a minor are not allowable family members for billing purposes.

21.06~~5~~-110 Supported Employment Services are services that consist of paid employment for persons for whom competitive employment at or above the minimum wage is unlikely, and who, because of their disabilities, need intensive ongoing support to perform in a work setting. Supported employment is conducted in a variety of settings, particularly work sites in which persons without disabilities are employed. Supported employment includes activities needed to sustain paid work by members, including their supervision and training. When supported employment services are provided at a work site in which persons without disabilities are employed, payment will be made only for the adaptations, supervision and training required by members that are a result of their disabilities, and will not include payment for the supervisory activities rendered as a normal part of the business setting~~only available under this Waiver when not available under Section 110 of the Rehabilitation Act of 1973.~~

Supported employment services furnished under this Section must not be available under programs funded by either the Rehabilitation Act of 1973 or P.L. 94-142. If the member receives this benefit, it must be documented in the member's file.

MaineCare will not cover incentive payments, subsidies, or unrelated vocational training expenses such as incentive payments made to an employer to encourage or subsidize the employer's participation in supported employment, payments that are passed through to users of supported employment, or payments for vocational training that is not directly related to a member's supported employment service.

21.06-11 Maintenance therapy, which is medically necessary occupational therapy, physical therapy, or speech therapy services that cannot be obtained as a covered service under other sections of the MaineCare Benefits Manual, will be reimbursed under this Section.

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21.07~~6~~ NONCOVERED SERVICES

Services for which reimbursement will not be made include, but are not limited to, the following:

- 21.07~~6~~-1 Services not identified by the team or authorized by the Individual Plan.
- 21.07~~6~~-2 Any benefit, services, or components of service provided to members of which the basic nature is to provide vocational, social, academic or recreational services are not reimbursable under this Section, except for supported employment services, by MaineCare. ~~Vocational services relate to organized programs directly related to the preparation of individuals for paid or unpaid employment, such as vocational skills training or sheltered employment.~~
- 21.07~~6~~-3 Room and board other than covered respite care ~~provided in an approved foster home.~~
- 21.07~~6~~-4 Respite care and transportation services when the member is not residing in his or her natural home.
- 21.07~~6~~-5 Adaptive aids that can be paid for through MaineCare.
- 21.07~~6~~-6 Communication aids that can be paid for through MaineCare.
- 21.07~~6~~-7 Environmental modifications that are general house repairs, or are not of direct medical or remedial benefit to the member.
- 21.07~~6~~-8 Personal support that can be paid for through MaineCare.
- 21.07~~6~~-9 Personal support or residential training services provided directly or indirectly by the member's spouse or a minor member's parents or stepparents. Legal guardians of their adult children are not excluded from providing covered personal support services under this section to their children.
- 21.07~~6~~-10 Supported employment that can be paid for through Section 110 of the Rehabilitation Act of 1973, or ~~s~~Section 602 of the Individuals with Disabilities Education Act [20 U.S.C. 1401 (16 and 17)].
- 21.07~~6~~-11 Personal ~~S~~support ~~S~~services when provided at a location where the member is receiving ~~R~~residential ~~T~~training ~~S~~services.
- 21.07~~6~~-12 Residential training services when provided at a location where the member is receiving ~~P~~personal ~~S~~support ~~S~~services.
- 21.07-13 Services to any member who receives services under any other MaineCare home and community based benefit, or to members who are hospital inpatients, nursing facility residents, or ICF-MR residents.

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21.07~~6~~ NONCOVERED SERVICES (cont.)

21.07-14 Services that are duplicative or reimbursable under any other Sections of the MaineCare Benefits Manual will not be covered services under this Section.

21.07-15 Respite services when provided by a member's personal support caregiver on the same day personal support services are given.

21.08~~7~~ MEMBER ELIGIBILITY PROCEDURE

A. ELIGIBILITY PROCEDURE

The procedure for determination of member eligibility for this ~~Waiver~~Benefit service is as follows:

~~Step #1 A request or referral for individual services shall be submitted to one of the regional BDS offices located across the State.~~

~~Step #2 If the applicant is found eligible and in need of Individual Planning services, BDS will convene a planning meeting to develop an Individual Plan. In addition, an Individual Support Coordinator shall be assigned. In those instances where the applicant is a person living in a home licensed as an ICF-MR, the planning meeting will be co-chaired by a Qualified Mental Retardation Professional (QMRP) designated by the ICF-MR and Individual Support Coordinator or other BDS staff.~~

~~Step #3 If the planning team recommends ICF-MR services and/or Home and Community Based Waiver services, the Individual Support Coordinator shall refer the member to the Department of Human Services, Bureau of Family Independence, for determination of the member's financial eligibility for MaineCare, if the member is not currently eligible.~~

~~Step #4~~ As required in Section 21.05 above, each member must have an Individual Plan approved by the member or guardian, as well as by the Individual Support Coordinator (ISC) as evidenced by their signatures, in order to have the request for benefit services further processed by DHHS. If the Individual Plan indicates that the individual may be in need of ICF-MR services or ~~Waiver~~Benefit services and the individual is financially eligible for MaineCare, the Individual Support Coordinator, with the written consent of the individual or his/her guardian, shall ask ~~BDS~~DHHS, for a determination of the member's medical eligibility for ICF-MR services. The member is responsible for providing the evidence necessary to establish eligibility for any service under this Section.

The ISC shall inform the individual and guardian in writing of the feasible service alternatives and offer the individual and guardian the opportunity to choose one of those alternatives, as documented by the "choice letter." If the individual and guardian choose services under this Section, the request for

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21.08 MEMBER ELIGIBILITY (cont.)

~~services will be submitted to DHHS. This request shall be accompanied by the following materials which will be used by BDS~~DHHS~~, in its medical eligibility determination procedure.~~

- A. A copy of the current Individual Plan and any other relevant material, (for example, quarterly reviews), which clearly indicate services to be provided;
- B. A copy of the member's or, if necessary, his/her guardian's dated written consent authorizing the Individual Support Coordinator to request services; ~~and-~~
- C. A completed MaineCare Member Assessment Referral Form (BMS-99).

Step #~~52~~ ~~BDS~~DHHS shall, after determination of the individual's financial eligibility for MaineCare described in Step #~~31~~, determine medical eligibility for ICF-MR services. It is the member's responsibility to provide the evidence necessary to establish medical eligibility.

Step #~~63~~ If the individual is found to be ineligible under financial or ICF-MR medical eligibility criteria, the individual or, when warranted, the guardian shall be informed in writing of his/her right to request a fair hearing before the Department of Health and Human Services. Refer to Chapter I of this Manual for member appeal procedure. ~~BDS~~The Adult Mental Retardation Services unit of DHHS shall also be informed of any ineligibility decision.

Step #~~74~~ ~~If the individual is determined medically and financially eligible for ICF-MR level of service, he/she and the Individual Support Coordinator shall be so informed of the decision and made aware of available choices with respect to ICF-MR services or Home and Community-Based Waiver services. The Individual Support Coordinator will also inform the member or guardian in writing of the feasible service alternatives and offer the member or the member's guardian the opportunity to choose one of those alternatives.~~

If the member is not offered the choice of Home and Community Benefits-Based Waiver Services as an alternative to ICF-MR service, or if he/she is denied a Waiver services of his or her choice for any reason other than the fact that the member is not a part of the group included within the scope of the Waiver-Benefit services (see Section 21.0~~32~~), the member will be given a written notice describing the reason for denial, as well as the steps to take to appeal the denial and afforded the opportunity to request an administrative fair hearing before the Department of Health and Human Services (see Chapter I for additional information on requesting fair hearings).

Step #~~8~~ ~~In order for services to be reimbursed, a member must be determined to be both financially and medically eligible. However, no payment will be made for services~~

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21.08 MEMBER ELIGIBILITY (cont.)

~~delivered prior to the date the written consent for services was given by the member or guardian.~~

~~Medical eligibility is determined by BDS. BDS will not determine medical eligibility or give approval for the provision of reimbursable services over the telephone.~~

~~In order for medical eligibility to be determined retroactively for the purpose of reimbursement of services, a complete application must be received by BDS within sixty (60) calendar days of the effective date of service. For those completed applications received after the 60 day limit, medical eligibility will be effective as of the date of receipt of the completed application.~~

~~Should that member choose ICF-MR services, that member will be placed in accordance with existing placement procedures.~~

~~Step #9 — The Individual Support Coordinator shall review the need for services and provide updated information for reclassification purposes, at least annually. The Individual Support Coordinator shall provide an updated MaineCare Member Referral Form (BMS 99) to BDS twelve (12) months from the date of initial approval, and every twelve (12) months thereafter. Reclassification applications received after fifteen (15) thirty (30) working days of the review date shall be authorized for services as of the date the reclassification application is received.~~

~~In order to guarantee uninterrupted payment, the "MaineCare Member Assessment Referral Form" may be submitted no later than fifteen (15) days beyond the date due, or whenever significant changes in physical, social, psychological condition and/or progress toward projected goals occur. Whenever significant changes occur, the Individual Support Coordinator shall reconvene a planning meeting prior to providing an updated "Member Assessment Referral Form" to the BDS. Ongoing monitoring shall be conducted by BDS as appropriate. This may include on-site visits. BDS shall maintain written documentation of all evaluations and re-evaluations on eligible Waiver members. These evaluations, as well as the MaineCare Member Assessment Referral Form will be part of each eligible member's permanent record to be maintained in the appropriate Regional Office of BDS and the member's residential facility for a period of three (3) years. The BDS Central Office shall also maintain a copy of the "MaineCare Member Assessment Referral Form."~~

~~Step #10 The Individual Support Coordinator of the Department of Behavioral and Developmental Services will reassess the need for this Waiver whenever significant changes in a member's physical, social or psychological needs occur or if significant progress towards projected goals occur. Such reviews will occur at least annually to determine continued need for Waiver services.~~

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21.08 MEMBER ELIGIBILITY (cont.)

- Step #5 If the member is found to meet financial and medical criteria for this Benefit, and an opening is available, the member will be notified in writing of that status. Except for residential services, other services shall be provided to such member within ninety (90) days of the completed execution of a service agreement or amended service agreement. For residential services, if the service agreement or amended service agreement identifies a need therefore, such services shall be provided within eighteen (18) months of the agreement's execution.
- Step #6 If the member has been found to meet the financial and medical criteria for the Benefit but an opening is not available to serve the member, the member will be assigned a priority level, placed on a waiting list and notified in writing of that status. The member will also be notified of the opportunity to appeal the decision that no opening is available by requesting a hearing conducted by the Department of Health and Human Services (see Chapter I). It is the member's responsibility to provide the evidence necessary to establish the priority level appropriate at the time of placement on the waiting list.

B. CONTINUING ELIGIBILITY PROCEDURE

1. The Individual Support Coordinator shall review the need for services and provide updated information for reclassification purposes, at least annually. The Individual Support Coordinator shall provide an updated MaineCare Member Assessment Referral Form to DHHS, twelve (12) months from the date of initial approval, and every twelve (12) months thereafter. Reclassification applications received after thirty (30) working days of the review date shall be authorized for services as of the date the reclassification application is received.

Whenever significant changes occur, the Individual Support Coordinator shall reconvene a planning meeting prior to providing an updated MaineCare Member Assessment Referral Form to DHHS. Ongoing monitoring shall be conducted by DHHS as appropriate. This may include on-site visits. DHHS shall maintain written documentation of all evaluations and re-evaluations on eligible benefit members. These evaluations, as well as the MaineCare Member Assessment Referral Form will be part of each eligible member's permanent record to be maintained in the appropriate Regional Office of DHHS, and the member's residential facility for a period of three (3) years. DHHS shall also maintain a copy of the MaineCare Member Assessment Referral Form.

2. The Individual Support Coordinator of DHHS will reassess the need for this benefit whenever significant changes in a member's physical, social or psychological needs occur or if significant progress towards projected goals occur. Such reviews will occur at least annually to determine continued need for the benefit.

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21.09 TERMINATION PROCEDURE

The Department will give written notice of termination to a member at least fourteen (14) days prior to the effective date of the termination, providing the reason for the termination, and the member shall have an opportunity to appeal such decision. A member may be terminated from this benefit for any of the reasons listed below:

- A. A member who currently receives the benefit, but no longer wants to receive the benefit, will be terminated, after the Department receives written notice from the member that he/she no longer wants the benefit.
- B. The member has been determined to be medically ineligible for this benefit;
- C. The member has been determined to be a hospital inpatient, nursing facility resident or ICF-MR resident;
- D. The member has been determined to be receiving MaineCare services from another waiver benefit;
- E. The member is no longer a resident of the State of Maine;
- F. The health and welfare of the member can no longer be protected because: (a) the member or immediate family, guardian or caregiver refuses to abide by the plan of care or other benefit policies; (b) the home or home environment of the member becomes unsafe to the extent that benefit services cannot be provided without risk of harm or injury to the member or to individuals providing covered services to the member; or (c) there is no approved Individual Plan.

21.108 POLICIES AND PROCEDURES

21.108-1 Member's Records

There shall be a specific record for each member, maintained by ~~the Individual Support Coordinator~~ each provider serving the member, which shall include, but not necessarily be limited to:

- A. Member's name, address, birthdate, and MaineCare I.D. number;
- B. The member's social and medical history, and diagnoses;
- C. The "choice letter" documenting that the member or guardian has chosen to receive services offered in this Section rather than ICF-MR services under Chapter II, Section 50, of this Manual;
- ED. An Individual Plan. The Individual Plan must be kept in the member's record and is subject to Departmental review along with the contents of the member's record;

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21.108 POLICIES AND PROCEDURES (cont.)

- ~~DE.~~ The Checklist for Home and Community ~~Benefits-Based Waiver Services~~, which delineates the type of Home and Community ~~Benefit-Based S~~services needed and the rates set by DHHS, for such services; and
- ~~EF.~~ Written progress notes which are dated, which verify that services authorized in the Individual Plan and reimbursed by MaineCare were performed and containing of any progress toward the achievement of the goals established by the Individual Plan and signed by the Individual Support Coordinator. The written progress notes for personal support services, supported employment services and crisis intervention services should also include the entrance and exit times of staff, and the total number of hours spent in the home, or other approved location, for each visit.

When the services delivered vary from the Individual Plan, entries in the member's record must justify why more, less, or different service than is specified in the Individual Plan was provided.

21.108-2 Surveillance and Utilization Review

See Chapter I of the MaineCare Benefits Manual.

21.10-3 Provider Qualifications

- A. Visual-gestural communication specialists must be approved by the Office of Deaf and Multicultural Services, DHHS.
- B. Consultation activities must be provided by professionals who are conditionally, temporarily or fully licensed in the State or province where services are provided, as documented by written evidence from the appropriate governing body in psychology, speech language pathology therapy, occupational therapy, physical therapy, clinical professional counseling, and clinical social work.
- C. Providers of non-traditional communications assessment and consultation services must be approved by the Office of Deaf and Multicultural Services, DHHS.
- D. Providers of facilitated communication services shall be approved by DHHS. All facilitated communication service providers shall have completed, at a minimum, a facilitated communication workshop at the Center for Community Inclusion, University of Maine, or an equivalent training approved by DHHS.

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21.10 POLICIES AND PROCEDURES (cont.)

- E. An individual support coordinator must be employed by DHHS, as a mental health and mental retardation caseworker.
- F. Providers of direct personal support and habilitation (residential training, day habilitation and supportive employment) services must be certified by DHHS, and meet the following requirements:
 - 1. Complete an approved DHHS competency-based training for direct services staff; or
 - 2. Demonstrate competency as determined by DHHS, in at least the following knowledge areas: (a) rights of people with mental retardation and autism; (b) confidentiality; (c) guardianship; (d) choice and responsibility; (e) being part of community; (f) planning with people; (g) documentation; (h) human behavior; (i) human sexuality; (j) teaching people; and (k) health and safety. A combination of training and experience may be used to meet the above competency requirements if approved by DHHS.

21.110 REIMBURSEMENT

Reimbursement for covered services shall be the amount listed in Chapter III, Section 21, “Allowances for Home and Community ~~Benefit-Based Waiver Services~~ for ~~Persons-Members~~ with Mental Retardation,” or the provider’s usual and customary charge, whichever is lower.

In accordance with Chapter I, it is the responsibility of the provider to seek payment from any other resources that are available for payment of the rendered service prior to billing

MaineCare. Therefore, a service provider under this ~~Waiver-Benefit~~ is expected to seek payment from sources other than MaineCare that may be available to the member.

21.120 BILLING INSTRUCTIONS

Providers must bill in accordance with the Department's Billing Instructions.

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APPENDIX A
MR/DD BENEFIT WAITING LIST PROTOCOL

This document describes the process for members being added to the Home and Community Benefit waiting list, for the maintenance of the list by the Department of Health and Human Services (DHHS), and for determining which members shall be served from the waiting list.

1. Members Added to the Waiting List:

After applying for the Home and Community Benefit and upon being found to meet the financial and medical eligibility criteria for such benefits, a member shall be added to the waiting list when services cannot be provided because a funded opening is not available. The intake worker or assigned case manager shall enter the application information on the DHHS Enterprise Information System (EIS), and shall identify the member's service needs.

2. Maintenance of the Waiting List:

If the member on the waiting list is receiving case management services through DHHS, the EIS data shall be kept current by Regional office staff who obtain information about the member and any change in service needs. If the member is not receiving case management services from DHHS, EIS data shall be added by Regional office staff when information about the member is made known to them. DHHS shall periodically review the status of current benefit spending and the benefit budget to determine when a funded program opening becomes available.

3. Members Served from the Waiting List:

Members who are on the waiting list for benefit services shall be served as follows and in accordance with the identified priorities:

Priority 1: Any member on the waiting list shall be Priority 1 if the member has been determined by DHHS, to be in need of adult protective services in accordance with 22 M.R.S.A. §3473 et seq., and if the member continues to meet the financial and medical eligibility criteria at the time that need for adult protective services is determined.

Priority 2: Any member on the waiting list shall be Priority 2 if the member has been determined to be at risk for abuse within the next twelve months in the absence of the provision of benefit services identified in his service plan. Examples of members who shall be considered Priority 2 include:

- a. a member whose parents have reached age 60 and are having difficulty providing the necessary supports to the member in the family home;
- b. a member living in unsafe or unhealthy circumstances but who is not yet in need of adult protective services, as determined by adult protective services;
- c. a member who is ready to be discharged from a hospital, nursing home or shelter but who would be unable to live safely in the community without benefit services;

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Appendix A (cont.)

- d. a member receiving residential services outside of the State of Maine but whose need would be better met if receiving residential services inside the State of Maine.

Priority 3: Any member on the waiting list shall be Priority 3 if the member is not at risk of abuse in the absence of the provision of benefit services identified in the service plan. Examples of members who shall be considered Priority 3 include:

- a. a member living with family, who has expressed a desire to move out of the family home;
- b. a member whose medical or behavioral needs are changing and who may not be able to receive appropriate services in the current living situation;
- c. a member who resides with family, if the family must be employed to maintain the household but cannot work in the absence of benefit services being provided to the member;
- d. a member who reaches age 18 while in the custody of DHHS, but is at risk of losing current educational and residential supports without benefit services. This category would not include members in need of adult protective services; and
- e. a member who has graduated from high school in the State of Maine, has no continuing support services outside of the school system, but is in need of such services.

4. Choosing Whom to Serve Within the Same Priority:

If the number of openings is insufficient to serve all members on the waiting list who have been determined, at the time that any opening is determined to be available, to be within the same priority group, DHHS shall first determine whether each member continues to meet the financial and medical eligibility criteria to be served through this benefit. For those who continue to meet such criteria, a planning team meeting for each member shall be held to redetermine that member's current services needs and to redevelop a current member service plan that incorporates a signed services agreement. Upon receipt of information from DHHS Regional office staff concerning all members within the same priority group who continue to meet financial and medical eligibility criteria and for whom current service plans have been redeveloped, DHHS, MR Central office staff, DHHS, MR Team Leaders and a DHHS children's services staff member shall meet to determine which members to serve. The determination will be based on a comparison of the members' known needs, the availability of capable service providers who can adequately meet those needs, and the comparative degree of risk of abuse that each member will likely experience in the absence of the provision of benefit services.

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All procedure codes in this Section will change in the near future for HIPAA compliance purposes. MaineCare will send a written notice to all providers at least 30 days in advance, notifying them of the coding changes for the following procedure codes:

Reimbursement for covered services shall be as follows:

A. Day habilitation provided outside of the client's home.

For those providers who provide day habilitation services, the reimbursement will be in accordance with the department's principles of reimbursement for day habilitation services for persons with mental retardation.

B. Residential training-boarding home. Reimbursement will be made in accordance with the principles of reimbursement for ~~boarding homes~~private non-medical institutions as delineated in Chapters II and III, Section 97 of the MaineCare Benefits Manual.

C. Residential child care facilities. Reimbursement will be made according to the foster care level assigned to the member homes as delineated in Chapters II and III, Section 97 of the MaineCare Benefits Manual.

D. Transportation services. Reimbursement will not exceed 62¢ per mile.

~~**E. Maintenance chiropractic radiologic services.** Reimbursement will be made according to the fee schedule delineated in Chapter III, Section 15, Chiropractic Services.~~

F. All other waiverbenefit services shall be reimbursed the lower of:

1. The provider's usual and customary charge, or
2. The amount listed below:

Notwithstanding the remainder of this rule, for fiscal year 2004 (July 1, 2003 through June 30, 2004), providers must reduce their overall waiver MaineCare reimbursement by an amount equal to 2% of the total funding they received for fiscal year 2003 (July 1,

~~**Covered for services provided on or after 7-22-91.~~

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~~2002 — through June 30, 2003). The reduction can through be accomplished by a lump sum, a reduction in rates for the remainder for the year, or through a combination of both. Providers may use their discretion in making this reduction subject to the following limitations:~~

- ~~1. Wages for direct support professionals cannot be reduced;~~
- ~~2. Individual member services must not be reduced unless a recommendation is made by the member's planning team.~~

~~This rule applies only to those providers whose paid claims for fiscal year 2003 exceeded \$50,000.00. Adjustments must be made for those providers who had substantive changes to their service provision in fiscal year 2004 either upward (e.g., those whose service provision had a substantive change from an increase in services or numbers of members served) or downward (e.g., those whose service provision may have dropped to the loss of same.) BDS will determine whether or not a substantive change has occurred. Finally, any portion of the reduction attributable to waiver services will be accounted for in the final audit settlement.~~

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PROC. CODE	DESCRIPTION	MAXIMUM ALLOWANCE
≡ W123	ADAPTIVE AIDS	BY REPORT
*W118	COMMUNICATION AIDS – COMMUNICATOR	BY REPORT
≡ W119	COMMUNICATION AIDS - SPEECH AMPLIFIER, AIDS, <u>COMMUNICATORS (INCLUDING REPAIR AND MAINTENANCE), & ASSISTIVE DEVICES, ONGOING VISUAL-GESTURAL AND FACILITATED COMMUNICATIONS SERVICES</u>	BY REPORT
*W120	COMMUNICATION AIDS – INTERPRETERS	BY REPORT
**W128	COMMUNICATION AIDS – FACILITATED COMMUNICATION	\$12.00 PER 1 HR
W102	CONSULTATIVE SERVICES - PSYCHOLOGICAL	\$13.00 PER 1/2 HR.
W103	CONSULTATIVE SERVICES - SPEECH THERAPY	\$12.00 PER 1/2 HR.
W104	CONSULTATIVE SERVICES - OCCUPATIONAL THERAPY	\$12.00 PER 1/2 HR.
W105	CONSULTATIVE SERVICES - PHYSICAL THERAPY	\$12.00 PER 1/2 HR.
≡ W127	CONSULTATIVE SERVICES - COUNSELING	\$30.00 PER 1/2 HR.
≡ W121	CRISIS INTERVENTION SERVICES	BY REPORT PER 1 HOUR

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<u>PROC. CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM ALLOWANCE</u>
≡ W110	DAY HABILITATION	INTERIM RATE
≡ W122	ENVIRONMENTAL MODIFICATION SERVICES	BY REPORT
≡ W125	PERSONAL SUPPORT SERVICES	BY REP'T PER 1 HR
W111	RESIDENTIAL TRAINING FOSTER CARE LEVEL I	\$10.35 PER DAY
W112	RESIDENTIAL TRAINING FOSTER CARE LEVEL II	\$14.22 PER DAY
W113	RESIDENTIAL TRAINING FOSTER CARE LEVEL III	\$18.13 PER DAY
W114	RESIDENTIAL TRAINING FOSTER CARE	BY REPORT
W115	RESIDENTIAL TRAINING BOARDING HOME	INTERIM RATE
W116	TRANSPORTATION	\$0. 62 <u>35</u> PER MILE
W117	RESPIRE CARE	\$3 <u>100.00</u> PER DAY
≡ W12 <u>7</u> 6	SUPPORTED EMPLOYMENT SERVICES	\$18.90 <u>8.75</u> PER <u>1/4</u> HOUR
XXXXX	MAINTENANCE SPEECH THERAPY BY INDEPENDENT SPEECH-LANGUAGE PATHOLOGIST OR SPEECH-LANGUAGE PATHOLOGY ASSISTANT	\$11.75 PER 1/4 HOUR

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PROC. CODE	DESCRIPTION	MAXIMUM ALLOWANCE
<u>XXXXX</u>	<u>MAINTENANCE SPEECH THERAPY BY SPEECH-LANGUAGE PATHOLOGIST OR SPEECH-LANGUAGE PATHOLOGY ASSISTANT AT SPEECH AND HEARING AGENCY</u>	<u>\$13.87 PER 1/4 HOUR</u>
<u>XXXXX</u>	<u>MAINTENANCE OCCUPATIONAL THERAPY BY LICENSED OCCUPATIONAL THERAPIST</u>	<u>\$10.60 PER 1/4 HOUR</u>
<u>XXXXX</u>	<u>MAINTENANCE OCCUPATIONAL THERAPY BY A CERTIFIED OCCUPATIONAL THERAPY ASSISTANT WORKING UNDER THE DIRECT SUPERVISION OF A LICENSED OCCUPATIONAL THERAPIST</u>	<u>\$10.00 PER 1/4 HOUR</u>
<u>XXXXX</u>	<u>MAINTENANCE PHYSICAL THERAPY BY LICENSED PHYSICAL THERAPIST OR PHYSICAL THERAPY ASSISTANT</u>	<u>\$10.80 PER 1/4 HOUR</u>
XXXXX	MAINTENANCE CHIROPRACTIC MANIPULATIVE TREATMENT	\$19.40
XXXXX	MAINTENANCE CHIROPRACTIC RADIOLOGIC EXAMINATION	\$46.89

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~~** Covered for services provided on or after 7-21-95~~